

General

Title

Medical practice satisfaction: mean section score for "Personal Issues" questions on the Medical Practice Survey.

Source(s)

Press Ganey Associates, Inc. National Quality Measures Clearinghouse (NQMC) measure submission form. Medical Practice Survey: personal issues. 2011. p. 17-21.

Press Ganey Associates, Inc. Medical Practice Survey. South Bend (IN): Press Ganey Associates, Inc.; 2004. 2 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Patient Experience

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure assesses the mean score for the four questions in the "Personal Issues" section of the Medical Practice Survey.

The "Personal Issues" section is one of six sections that comprise the [Medical Practice Survey](#). Each patient has a score for every question that was answered. For each patient, a section score is calculated as the mean of all the question scores in that particular section. Similarly, for each patient, an overall score is calculated as the mean of that patient's section scores.

Rationale

Patient satisfaction is both an indicator of quality of care and a component of quality care.

In 2001, the Institute of Medicine (IOM) advocated a patient-centered model of care (Crossing the Quality Chasm: A New Health System for the 21st Century). In part, this is a reflection of the growing understanding that:

"...patients constantly judge the motives and competence of caregivers through their interaction with them. This judgment is a very personal one, based on perceptions of care being responsive to patients' 'individual needs,' rather than to any universal code of standards (McGlynn, 1997). When these individual needs are perceived as being met, better care results. Lohr (1997) notes: 'Inferior care results when health professionals lack full mastery of their clinical areas or cannot communicate effectively and compassionately.' In short, when patients perceive motives, communication, empathy, and clinical judgment positively, they will respond more positively to care... Sobel (1995) claims that improved communication and interaction between caregiver and patient improves actual outcome. Donabedian (1988) notes that '...the interpersonal process is the vehicle by which technical care is implemented and on which its success depends' (from Press [2002], *Patient Satisfaction: Defining, Measuring, and Improving the Experience of Care*, Health Administration Press).

It is clear that patients quite actively evaluate what is happening to them during the experience of care. The degree to which the patient judges the care experience as satisfactory "...is not only an indicator of the quality of care, but a component of quality care, as well" (Press, 2002).

Patient satisfaction has been linked to the following clinical outcomes: clinical quality (e.g., hemoglobin A1c levels, cholesterol levels, lower bed disability days); chronic disease control; compliance; drug complications; quality of life; emotional health status; mental health; physical functioning; physical health status; post-surgery complications; post-surgery recovery times; risk-adjusted mortality rates; unexpected mortality; and work effectiveness (Clark, Drain, & Malone, 2004).

In addition to its connection to quality of care and clinical outcomes, patient satisfaction has been linked to the following:

Topline (Revenue): Loyalty; volume; physician satisfaction; patient's trust in provider; retention; employee satisfaction.

Bottomline (Expenses): Reduction in expenses; reduction in length of stay; reduction in complaints; reduction in malpractice claims; direct measures of financial performance (e.g., bond rating, core margin, earnings per adjusted admission, market share, net margin, profit margin) (Clark, Drain, & Malone, 2004).

Evidence for Rationale

Press Ganey Associates, Inc. National Quality Measures Clearinghouse (NQMC) measure submission form. Medical Practice Survey: personal issues. 2011. p. 17-21.

Clark PA, Drain M, Malone MP. Return on investment in satisfaction measurement and improvement. Press Ganey Precept. 2004;1(1)

Patient satisfaction: defining, measuring, and improving the experience of care. Health Administration Press; 2002 Jul. 240 p.

Primary Health Components

Medical practice care; personal issues; patient satisfaction

Denominator Description

Patients who go for a scheduled or unscheduled doctor visit

Alternatively, visits may be with a non-physician provider such as a physician assistant (PA) or a nurse practitioner (NP). Typically, the patient has an established relationship with their care provider.

See the related "Denominator Inclusions/Exclusions" field.

Numerator Description

The mean of all the patients' scores for the "Personal Issues" section of the Medical Practice Survey

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

Focus groups

Additional Information Supporting Need for the Measure

Not only has managed care grown since Press Ganey released its first Medical Practice Survey in 1990, but there has been an increase in the number of non-physician providers (such as nurse practitioners and physician assistants). Many physicians have found that they must participate in managed care plans not only to retain their existing patients but also to attract new ones. Group practices that deliver exceptional customer service are most likely to flourish in today's changing marketplace. Improved patient satisfaction increases word-of-mouth referrals and patients' compliance and has been linked to reduced staff turnover and malpractice costs. Improved patient satisfaction is also a predictor of mortality from cardiovascular disease, independent of care quality.

Evidence for Additional Information Supporting Need for the Measure

Garman AN, Garcia J, Hargreaves M. Patient satisfaction as a predictor of return-to-provider behavior: analysis and assessment of financial implications. *Qual Manag Health Care*. 2004 Jan-Mar;13(1):75-80. [PubMed](#)

Glickman SW, Boulding W, Manary M, Staelin R, Roe MT, Wolosin RJ, Ohman EM, Peterson ED, Schulman KA. Patient satisfaction and its relationship with clinical quality and inpatient mortality in acute myocardial infarction. *Circ Cardiovasc Qual Outcomes*. 2010 Mar;3(2):188-95. [PubMed](#)

Hickson GB, Federspiel CF, Pichert JW, Miller CS, Gauld-Jaeger J, Bost P. Patient complaints and malpractice risk. *JAMA*. 2002 Jun 12;287(22):2951-7. [PubMed](#)

Press Ganey Associates, Inc. Medical practice survey psychometrics report. South Bend (IN): Press Ganey Associates, Inc.; 2010. 7 p.

Extent of Measure Testing

The revised Medical Practice instrument was tested by surveying approximately 9,000 patients from eight practices across five states during a seven-week period. Both single and multispecialty practices were included, serving urban and rural populations.

Patients at each site were selected randomly: half of these patients received the current Medical Practice questionnaire, and half received the revised questionnaire. Questionnaires were mailed to each sampled patient within 3-5 days of his/her visit. A mail-out methodology was chosen over hand distribution to eliminate selection and acquiescence biases. The test concluded with the receipt of 1,791 revised questionnaires. Practice-level response rates for the revised questionnaire ranged from a low of 17% to a high of 23%, with an average of 20% across all the pilot practices. The revised Medical Practice instrument was found to be psychometrically sound across a wide variety of tests of validity and reliability, as described in detail in the *Medical Practice Survey Psychometrics Report* (see also the "Companion Documents" field).

Evidence for Extent of Measure Testing

Press Ganey Associates, Inc. Medical practice survey psychometrics report. South Bend (IN): Press Ganey Associates, Inc.; 2010. 7 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Unspecified

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Health and Well-being of Communities

Person- and Family-centered Care

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

End of Life Care

Getting Better

Living with Illness

Staying Healthy

IOM Domain

Patient-centeredness

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Encounter

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Patients who go for a scheduled or unscheduled doctor visit

Alternatively, visits may be with a non-physician provider such as a physician assistant (PA) or a nurse practitioner (NP). Typically, the patient has an established relationship with their care provider.

Exclusions

- Patients surveyed within 90 days (recommended across all services)

- Deceased patients

- Patients admitted or referred to another service which also surveys patients

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

The mean of all the patients' scores for the "Personal Issues" section of the Medical Practice Survey

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Patient/Individual survey

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Press Ganey Associates, Inc. Medical Practice Survey

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Composite/Scale

Mean/Median

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Medical Practice Survey: personal issues.

Composite Measure Name

Medical Practice Survey

Submitter

Press Ganey Associates, Inc. - For Profit Organization

Developer

Press Ganey Associates, Inc. - For Profit Organization

Funding Source(s)

Press Ganey Associates, Inc.

Composition of the Group that Developed the Measure

Patients, providers, administrators, physicians, existing clients, Press Ganey Associates, Inc. employees

Financial Disclosures/Other Potential Conflicts of Interest

None

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2004 Jan

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates a previous version: Medical Practice Survey. South Bend (IN): Press Ganey Associates, Inc.; 2001. 2 p.

The measure developer reaffirmed the currency of this measure in April 2016.

Measure Availability

Source not available electronically.

For further information, contact: Press Ganey, 404 Columbia Place, South Bend, Indiana 46601; telephone: 800-232-8032; fax: 574-232-3485; e-mail: rwolosin@pressganey.com; Web site: www.pressganey.com .

Companion Documents

The following is available:

Press Ganey Associates, Inc. Medical Practice Survey psychometrics report. South Bend (IN): Press Ganey Associates, Inc.; 2010. 7 p.

For further information, contact: Press Ganey, 404 Columbia Place, South Bend, Indiana 46601; telephone: 800-232-8032; fax: 574-232-3485; e-mail: rwolosin@pressganey.com; Web site: www.pressganey.com .

NQMC Status

This NQMC summary was completed by ECRI on March 27, 2003. The information was verified by Press Ganey Associates on April 17, 2003.

This NQMC summary was retrofitted into the new template on July 8, 2011.

This NQMC summary was updated by ECRI Institute on March 9, 2012. The information was verified by the measure developer on March 26, 2012.

The information was reaffirmed by the measure developer on April 11, 2016.

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All inquiries regarding the measure should be directed to the [Press Ganey Web site](#)

or e-mail Robert Wolosin, Ph.D. at rwolosin@pressganey.com.

Production

Source(s)

Press Ganey Associates, Inc. National Quality Measures Clearinghouse (NQMC) measure submission form. Medical Practice Survey: personal issues. 2011. p. 17-21.

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